

# APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

## WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. 1233252 Company Statefund

☐ Certified copy is hereby furnished. exp 1-1-94  
☐ Certified copy is filed with the county building inspection department.

Date 12/17/93 Applicant Prole

## CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

## LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 434676 Lic. Class B-1

Contractor Prole Date 12/17/93

☐ I am exempt under Sec. \_\_\_\_\_

B.&P.C. for this reason \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

I certify that I have read this application and state under penalty of perjury that the above information is correct. I agree to comply with all county ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent Prole Date 12/17/93

FOR APPLICANT TO FILL IN			
BUILDING ADDRESS <u>11421 Avenirita</u>			
CITY <u>CHATS WORTH</u>		ZIP <u>91311</u>	
SIZE OF LOT <u>2-ACRES.</u>		NO. OF BLDGS. NOW ON LOT	
TRACT <u>33672</u>	BLOCK	LOT NO. <u>39</u>	
ASSESSOR MAP BOOK <u>2821</u>		PAGE <u>022</u>	PARCEL <u>015</u>
OWNER <u>Larry Miller</u>		TEL NO. <u>818-780-2272</u>	
ADDRESS <u>13336 Debbys St.</u>			
CITY <u>Van Nuys Cal.</u>		ZIP <u>91401</u>	
ARCHITECT OR ENGINEER		TEL NO.	
ADDRESS			
CONTRACTOR <u>OSLER CONST.</u>		TEL NO. <u>805-495-2023</u>	
ADDRESS <u>128 ALBURN CT.</u>		LIC. NO. <u>434676</u>	
CITY <u>WEST LAKE VILLAGE</u>		LIC. CLASS <u>B-1</u>	
SQ. FT. SIZE <u>350</u>	NO. OF STORIES	NO. OF FAMILIES	NEW <input type="checkbox"/>
DESCRIPTION OF WORK <u>DECK EXTENSION</u>			ADD <input type="checkbox"/>
<u>350 sq ft</u>			ALTER <input type="checkbox"/>
			REPAIR <input type="checkbox"/>
			DEMOL <input type="checkbox"/>
			URM <input type="checkbox"/>
USE OF EXISTING BLDG.			
APPLICANT (PRINT)		TEL NO.	
ADDRESS			
WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES. YES <input type="checkbox"/> NO <input type="checkbox"/>			
I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2, CHAPTER 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.			
OWNER OR AGENT			
P.C. FEE <u>52.00</u>	PERMIT FEE <u>52.60</u>		
	ISSUANCE FEE <u>17.60</u>		
INVESTIGATION FEE	TOTAL FEE <u>70.20</u>		

BUILDING ADDRESS <u>11421 Avenirita</u>				
LOCALITY <u>Chatsworth</u>				
NEAREST CROSS ST. <u>Zaltana</u>				
USE ZONE <u>A22</u>	MAP NO. <u>213-97</u>			
SPECIAL CONDITIONS				
WITHIN 1000 FT. OF SCHOOL?			YES	NO
DISTRICT <u>9.1</u>	GROUP <u>R3</u>	TYPE CONST. <u>IV</u>	FIRE ZONE <u>IV</u>	PROCESSED BY <u>SH</u>
STATISTICAL CLASSIFICATION CLASS NO. <u>21</u> DWELL UNITS <u>6</u>			APT	CONDO
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE	EXIST WIDTH
FRONT P.L.				<u>60</u>
SIDE P.L.				

SEWER MAP BK PG	
VALUATION \$ <u>1,500</u>	
\$	
LDMA P/C #	
LDMA Perm #	
FINAL DATE <u>9-22-94</u>	
FINAL BY <u>Prole</u>	

ASBESTOS NOTIFICATION <input checked="" type="checkbox"/> Notification letter sent to AQMD or EPA	
I declare that replication of asbestos removal is not applicable to addressed project.	
Signature _____	

INSPECTOR COPY

#23  
01 \* 5200  
\* 5200  
1 1 \*\*\*  
67.65  
12-17-93  
NO 0

#1  
01 \* 7020  
\* 7020  
1 1 \*\*\*  
67.66  
12-17-93  
NO 0

SEE REVERSE FOR EXPLANATORY LANGUAGE

